

atrioventricular node, but it enhances conduction through the lateral accessory muscle connections (Kent bundles) and, thus, may theoretically speed up a reentrant tachycardia. However, digoxin may be safely administered to infants because their accessory pathways are usually perinodal, with response properties to digoxin more like atrioventricular node than atrial muscle. In adults, digoxin therapy is particularly hazardous if atrial fibrillation occurs because there may be a very rapid ventricular response. In most infants under 4 months of age, the disease is self-limiting because the accessory atrioventricular nodal fibers

are probably fetal remnants which fail to act as alternative conduction pathways as the heart matures.

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Increased Incidence of Diabetes

DIABETES IS INCREASING at an alarming rate. It is estimated by the National Commission on Diabetes that diabetes is increasing at a rate of about 6 percent per year. The progression may seem familiar in this time of economic turmoil, when we think about interest rates and compounded rates of interest. Within 12 to 15 years the incidence of diabetes will double in this country. Within 25 years the incidence will quadruple.

We are dealing with a very major public health problem. In an American born today there is a one in five chance of diabetes developing in his lifetime. Diabetes is the third leading cause of death in this country, taking approximately 300,000 lives a year. A diabetic patient is 17 times more prone to kidney disease, 5 times more prone to gangrene (which often leads to amputation), and twice as likely to have a heart attack or stroke than a person without diabetes. This disorder decreases life expectancy by a third. And the economic toll of the disease in the United States today, excluding complications of diabetes, is approximately \$5.3 billion annually.

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